

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/630414

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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29	1		1			
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31		1		1		
32		1		1		
33		1		1		
34		5		5		
35		5		5		
36		①		1		
37		①		1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	16		16			
TOTAL CLAIMS	17		17			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						